



## APPLICATION FOR \_\_\_\_\_ LICENSE

Circus \$160 per day

Carnival \$55 per day

Tent Show \$55 per day

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Manager \_\_\_\_\_

Local Address, if different \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_

Dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

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How will the following be provided:

Sanitation/Utilities \_\_\_\_\_

Parking/Traffic Control \_\_\_\_\_

Security \_\_\_\_\_

Fire Safety/Emergency Medical \_\_\_\_\_

Noise Control \_\_\_\_\_

Clean-up/Restoration \_\_\_\_\_

Will a loudspeaker be used? Yes ☐ No ☐ If yes, a loudspeaker license is required (Section 3-5 Salina Code)Are fireworks going to be used? Yes ☐ No ☐ If yes, a fireworks permit is required from the Fire Department.  
(Section 14-53 Salina Code)Sketch plan submitted Yes ☐ No ☐

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**Property Owner Authorization**

If the event is to take place at a location not owned by the applicant, it is necessary to obtain the approval of the property owner/or manager.

Property Owner / or Manager \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City**The following must be included with completed application:**

\_\_\_\_ Certificate of Insurance

\_\_\_\_ Copy of loudspeaker license, if applicable

\_\_\_\_ Copy of fireworks permit, if applicable

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my permit may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only:**

\$ _____ (per day) x _____ No. of Days = Total \$ _____		
Date _____	Receipt No. _____	Received by _____

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**Certificate of Building Official**

The above described property is properly zoned for the intended use.

\*\*A separate temporary use permit is not required.

Date \_\_\_\_\_ Building Official \_\_\_\_\_

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**Certificate of Risk Management**

The above described business has complied with the insurance regulations for the proposed use.

Date \_\_\_\_\_ Risk Manager \_\_\_\_\_

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**Certificate of Police Department, Fire Department**

The day, time, and location of the above described event is hereby acknowledged.

Date \_\_\_\_\_ Police Department \_\_\_\_\_

Date \_\_\_\_\_ Fire Department \_\_\_\_\_

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**Application Approved/Disapproved**

Date \_\_\_\_\_ City Clerk \_\_\_\_\_

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